

Visit to Emory Crawford Long Hospital

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The ERF class visited ECLH on 8/26/2008. We were greeted by Dr.Ackerman and Ms.Margolis in the Conference Room where we played team building games. Through these games we learnt that it is extremely difficult to get work done in an ER if the people do not communicate well or do not function efficiently as a team.

After this, we were shown around the ER. Our tour guide was nurse Rebekah who gave us a lot of valuable information. Here is what I observed and learnt:

- The parking lot is where the ambulances bring in patients or they drive themselves in. They get pretty full and so the hospital staff is required to park in their designated spaces which some do not do. Although the entrance to the ER is from the parking lot, it is not very conspicuous.
- The flow of patients is different based on the time of the day or seasons. The ER is not as busy in the mornings as it is at night with peaks being reached around 10:30-11:30 pm. The number of patients is higher in Fall and Winter compared to Spring and Summer and also the day after a holiday. The highest recorded this summer was 184.
- The registration counter is what every patient visits first. Each patient is asked to fill out two slips here – one is the registration slip and the other is the medication history. Patients seemed to have problems recollecting/identifying the drugs they were taking.
- There are about 50 beds in the hospital which are split between Express Care and Acute Care.
- Triage process – Every patient then goes through a rapid questioning by the nurse who grades them anywhere from 1 through 5 with 1 being extremely severe and each grade being one level less than the previous one. The color guide they use is as follows:
 - 1 – Red (Beyond help?)
 - 2 – Yellow (Potentially Life threatening)
 - 3 – Green (Can wait for 4 hours)
 - 4 – Purple
 - 5 – Grey

Nurses then loudly call out patient names to usher them into the Triage rooms. These rooms seemed pretty well equipped but I believe there is sometimes the issue of re-stocking supplies such as BP cuffs, cold packs, tissue etc.

- The average wait time for patients in America is 4.9 hours while it is 6.5 hours at Emory. The Waiting Room is usually very crowded (lack of privacy) and patients get to watch only CNN in this room. While patients wait, nurses get their lab reports done (especially for those that seem sicker).
- We also had the opportunity of seeing the computer system where all patient information is entered right from registration till discharge. This system is now manually updated whenever there is a change in the patient status.

- The ratio of nurses to patients at Emory is 4:1 and at any time of the day, 2 physicians. The hospital is divided into 7 zones (2 of these are hallway zones) with 4 nurses in each zone. There are also “float” nurses who do not belong to any specific department and mid-level nurses who have more clinical decision making powers compared to a nurse.
- I felt that the discharge process was slightly neglected. Physicians write a discharge slip and pile it up in a folder (I believe not all of them update this information online). Hence the patient’s status in the centralized system does not change unless a nurse sees his/her slip. If this change is not reflected immediately, won’t patients have to wait longer to be allotted a bed?
- Some points about the architecture: Emory has rooms for respiratory isolation, Clinical Decision Units (CDU where patients are kept under observation / evaluation for heart attacks) and rooms for vaginal examinations and such (have screens for privacy but not sound proof!). They do not have a separate unit for Pediatrics though they have a weighing scale placed in a corner acting like one. The Pharmacy is on the 14th floor and printers are far away from the location of the computers.

Based on the observations listed above, I have some ideas for the class project:

- 1) An extended GPS system which can provide information about the number of free beds and/or waiting times in the ER
- 2) A “happy” ER where people can do a lot more than just wait or watch CNN (the issue of privacy also needs to be looked into)
- 3) An automated patient discharge system
- 4) An automated acuity level updating system that works based on the numbers that show up on patient reports
- 5) A better medication history slip that can get maximum information from the patient while being easy to understand at the same time

I hope to be able to do my project on one of these topics and make a difference at ECLH.

A BIG thanks to everyone who made this field trip possible!